

must work to retain our time-honored spirit of scientific leadership. Math and science are invaluable pillars of a strong education; and our schools, in coordination with organizations like FIRST, will ensure the creation of a new generation of world leaders, but only if we are proactively committed.

PRICE OF GASOLINE

(Mr. POE asked and was given permission to address the House for 1 minute.)

Mr. POE. Mr. Speaker, the price of gasoline is \$3 a gallon. Americans want answers, and they want solutions. According to the American Petroleum Institute, the nationwide average of tax on gasoline is 45 cents a gallon. This is split between State and Federal governments. The oil companies make about 9 cents a gallon on gasoline, so Washington, D.C., makes more off a gallon of gasoline than the oil companies.

Congress should consider suspending part of the gasoline tax for a period of time to lower gasoline prices. Gasoline prices are going up because OPEC controls 50 percent of the world's crude and is driving up the price of gasoline. The U.S. needs to be drilling offshore. Now we only drill off the coast of Texas, Louisiana, and Alabama. There is crude out there in our gulf coast and east coast and even the sacred west coast.

We can't have it both ways: Refuse to drill offshore and have cheaper gasoline prices. It is not going to work. We can drill safely offshore, and we need to do so to prevent being held hostage by third-world countries. Mr. Speaker, that's just the way it is.

CHILD SAFETY ACT

(Mr. KENNEDY of Minnesota asked and was given permission to address the House for 1 minute.)

Mr. KENNEDY of Minnesota. Mr. Speaker, today I rise to thank the hardworking law enforcement that have captured an escaped child sexual predator, Michael Benson, making our family safer. I commend John Walsh and his program, America's Most Wanted, on their 888th criminal apprehension out there making sure that we are putting these predators behind bars.

But 8 months ago, we passed the Child Safety Act; and in the Child Safety Act we have provisions that keeps our families, our children safer. Yet it is being obstructed in the Senate. It is time for us to move forward, pass this legislation that is so vital to our children's protection. I call for action and call on my colleagues to join me.

□ 1930

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. CAMPBELL of California). Under the

Speaker's announced policy of January 4, 2005, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES of North Carolina addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

PHARMACIES ARE IN TROUBLE

Mr. MORAN of Kansas. Mr. Speaker, I ask unanimous consent to claim the gentleman's time.

The SPEAKER pro tempore. Without objection, the gentleman from Kansas is recognized for 5 minutes.

There was no objection.

Mr. MORAN of Kansas. Mr. Speaker, much of what I am about in Congress is about the fight to preserve and enhance the opportunities that exist in rural America. My goal, among others, as a Member of Congress is to see that there is a future for the communities and the people who live there across my State. I represent one of the most rural districts in the country. A component of that is to make certain that the citizens of those rural communities can access adequate and affordable health care.

We often think of health care as a hospital or a physician. Tonight I rise with great concern about a development across our country and especially in rural America that is occurring in regard to the loss of community pharmacy. We are beginning the process of losing that Main Street business and that health care provider, the community pharmacist.

In many communities across my State, and I am sure it is true around the country, that community pharmacist is struggling and the doors are beginning to close. Examples: today in Kansas, southeast Kansas, the population less than a thousand people, that pharmacist is closed for the last 4 months, no other pharmacist in the community. The next pharmacy is 30–35 miles away. This has an impact not only upon the hospitals and doctors in that area, but clearly an impact upon the community members, the patrons of that pharmacy, those who rely upon the health care to be delivered by that pharmacist.

My own father, 90 years old, rarely sees a doctor because if you see a doctor, that doctor will tell you something is wrong with him, and he does not want to know that. But he relies upon his community pharmacist because he is there drinking a cup of coffee to put the blood pressure cuff on his arm and provide him advice and suggestions about a healthy life.

That community pharmacist is an important component of our business community, and it is a way we deliver

health care in communities across our country.

Due to the consequences of the prescription drug bill part D, our community pharmacist's future is bleak. In part it is due to the lack of timeliness of the payments that are occurring. The average wait in Kansas is 45–60 days. When I was in Leoti, Kansas, in March, and Leoti is a community of about 900 people, that community pharmacist had not been reimbursed for one prescription drug bill delivered to a senior since January 1.

Almost all pharmacists in my district and across the State have had to take out a line of credit just to stay in business. I want to highlight a bill that has been introduced by the gentleman from North Carolina (Mr. JONES) and by the gentleman from Arkansas (Mr. BERRY) and a bill by the gentleman from Mississippi (Mr. WICKER) that would require those sponsors of those drug plans to promptly pay the submitted claims.

It is unacceptable that a pharmacist would have to wait 2 months to be paid for the bills, and it is unacceptable because it is wrong. It is not the right thing to do, but it is a terrible occurrence because it means the demise of his or her business.

In addition to that, almost all pharmacists lose money on the prescriptions they fill under the Medicare plan part D, and the sponsors of those plans allow almost no negotiating room for those pharmacists. We need to change that. I would highlight a bill that I and the gentleman from New York (Mr. WEINER) have introduced, the Community Pharmacy Fairness Act, to give independent pharmacists the freedom to ban together to negotiate with drug manufacturers.

Time is of the essence. Pharmacist Kody Krein from St. Francis, Kansas, he grew up in that town. His life goal was to return to St. Francis as a community pharmacist. He has given us until July 1 and then he will make a decision whether he can continue as the sole pharmacist in that town. His three kids are in the school system in St. Francis, Kansas. It would be a terrible thing to lose that community pharmacist, to lose his family, and to lose that man's hope for a career in his hometown. That does not happen enough in rural America where a young son or young daughter actually is returning home to the family community. There is no pharmacist in the St. Francis area for 35 miles. We have a short period of time before we can correct this.

You may say this is a handful of examples. I am exercised about this issue. It is troublesome to me that this Congress, this place, Washington, D.C., has become so political that we cannot address this issue, that if an issue is brought to the floor that we are fearful that the Democrats will make an issue of it, that we have come to the point where nothing is done because there are political consequences to the issue even being discussed.